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1980 BIRTH

NEW JERSEY STATE DEPARTMENT OF HEALTH
HEALTH PLANNING AND RESOURCES DEVELOPMENT
HEALTH DATA SERVICES
VS20 - 8102

BIRTH DATA INDEX

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INTRODUCTION

This report is the second in a new series of annual birth statistics publications. The tables have been changed in content and format from previous publications to facilitate more rapid reproduction and distribution of the data as it becomes available. Data presented in the tables was selected to provide a profile of the natural population increase as well as highlight important information concerning newborn health and contributing maternal factors.

This edition of the annual birth statistics report is part of an extended series of separate publications of similar format on deaths, marriages, abortions, morbidity and population. It is hoped that the user will find the format informative and easy to reference.

Statistics provided in this publication are data summarized from items reported on birth certificates and filed with the New Jersey State Registrar. New Jersey vital statistics legislation requires that within 5 days of birth the attending physician, midwife, or person acting as midwife, file a birth certificate with the local registrar to be submitted to the State Registrar. Births to New Jersey residents occurring in other states are recorded in the state of occurrence, and forwarded to the New Jersey State Registrar. All individual identifiers are removed prior to tabulation of data for statistical purposes.

OVERVIEW

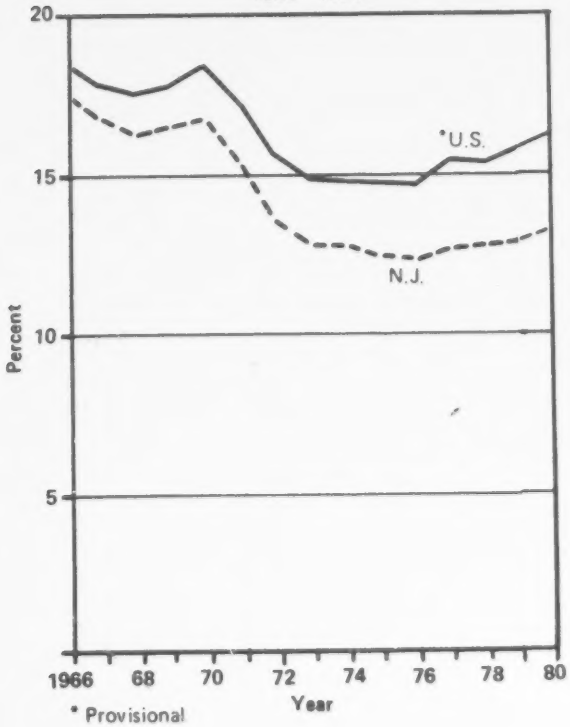
In 1980, there were 96,438 resident births in New Jersey, the highest annual total since 1972. Births were up less than one percent from the final number recorded for 1979 but the increase in New Jersey was less than the 2.5 percent growth for the nation as a whole.

The birth rate, the number of births per 1,000 population, measures population increase. The state's birth rate increased for the third consecutive year, rising to 13.1 births per 1,000 population in 1980, the highest level since 1972. Sussex County registered the highest birth rate (15.5) and Bergen County the lowest (9.9). Three southern counties, Salem (14.0), Cumberland (15.7), and Camden (15.8), registered the highest birth rates after Sussex County. Other counties with birth rates above the state average of 13.1 were Hudson (14.7), Essex (14.3), Gloucester (15.0), Ocean (13.2), Atlantic (13.7), and Mercer (13.0). Among New Jersey's major cities, with population of 50,000 or more, Camden had the highest birth rate (24.4). The cities of Paterson (20.5), and Passaic (19.2) ranked second and third.

The fertility rate, the number of births per 1,000 women 15-44 years of age, is an important measure of changes in childbearing patterns. The fertility rate for New Jersey was 57.0 live births per 1,000 women of childbearing age (15-44 years) in 1980.

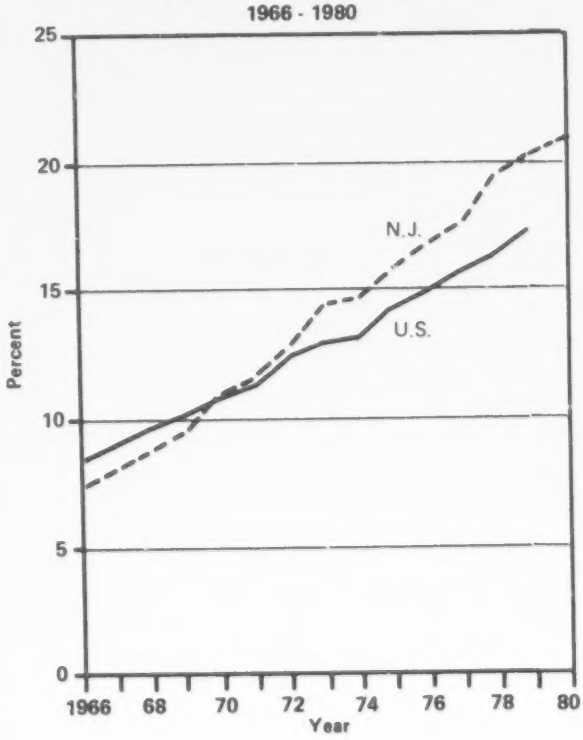
Of total births, more than one in five, 20,371, were born to unwed women. Over the year, births out-of-wedlock increased from 20.3 to 21.1. Legitimacy

BIRTH RATE
UNITED STATES AND NEW JERSEY
1966 - 1980

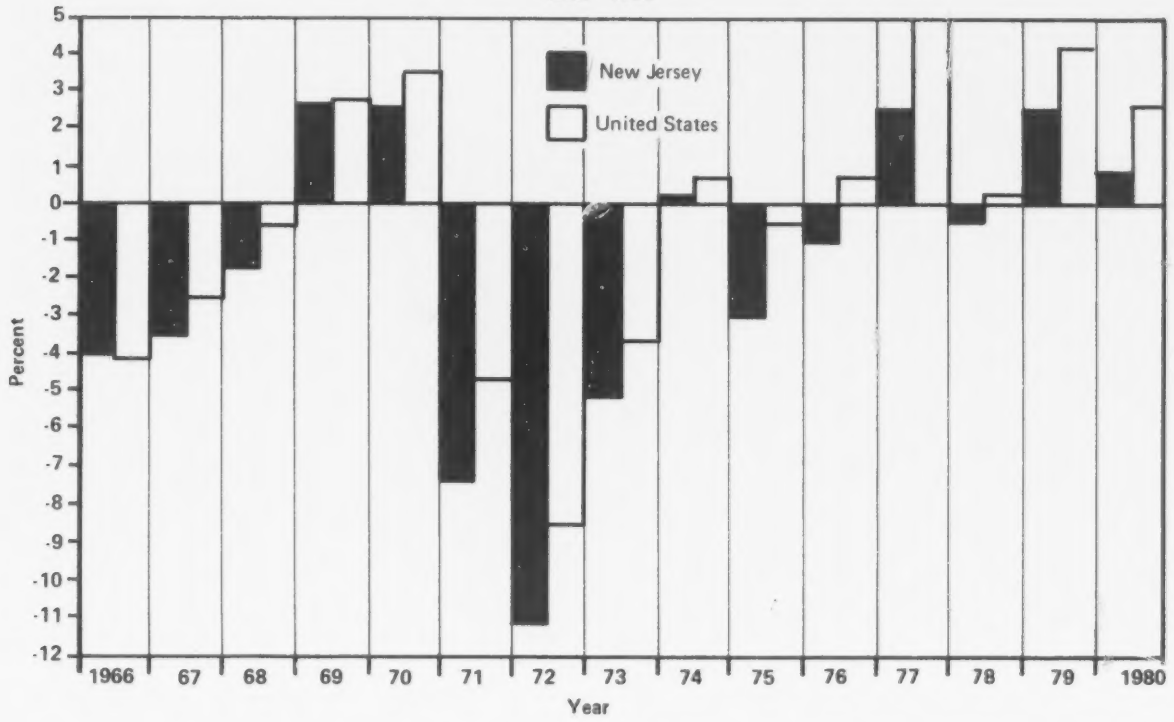


* Provisional

PERCENTAGE OF BIRTHS ILLEGITIMATE
UNITED STATES AND NEW JERSEY
1966 - 1980



PERCENT CHANGE IN NUMBER OF BIRTHS FROM PREVIOUS YEAR
1966 - 1980



of the child was unknown for 34 births. For white women, the percentage of total births illegitimate was 11.5 an increase of 0.8 percentage points, while for nonwhite women the percentage remained nearly constant at 56.5. Since 1969, the illegitimate portion of total resident births has increased from 9.5 percent to 21.1 percent.

Nearly all of the increase in out-of-wedlock births occurred among mothers under 25 years of age. For mothers aged 15-19, 67.6 percent of all births were illegitimate, an increase of 2.3 percentage points from the previous year. In the 20-24 year maternal age group, the illegitimacy rate rose to 28.0 percent from 26.2 percent. Approximately eight percent of births to mothers 25 years of age and older were illegitimate. Out-of-wedlock births to women in the 15-19 age group accounted for 38.5 percent of all illegitimate births. Of these 39.6 percent were born to white women and 60.2 percent to nonwhite women. Illegitimate births to teenage mothers increased 1.9 percentage points among the white women and declined 1.8 percent among the nonwhite women over the year.

In 1980, 73,982 births were reported as white and 20,886 as nonwhite. Births of unknown race numbered 1,570. Nonwhite births comprised 21.7 percent of total births. White births increased 0.6 percent while the nonwhite births increased 2.5 percent from the previous year.

NEWBORN HEALTH

Birthweight

The median weight for newborns in New Jersey was between 6 lbs. 10 ozs. and 7 lbs. 11 ozs. Of all newborns, 37.3 percent were in this weight group. Approximately two-thirds, 64.5 percent, of newborns weighed between 6 lbs. 10 ozs. and 8 lbs. 13 ozs. The median weight group for newborns has not changed during the last decade and the percentage of newborns in the median weight group has declined only slightly.

Immature, or low birthweight newborns are defined as those weighing 5 lbs. 8 ozs. (2500 grams) or less. Of births in 1980, 6,885, or 7.1 percent, were immature, slightly less than the 7.2 percent reported in 1979. The decline of immature births during the year occurred in the nonwhite population. White births weighing less than 5 lbs. 8 ozs. numbered 4,275, 5.8 percent of all white births, while nonwhite births in the underweight categories numbered 2,599 or 12.4 percent of all nonwhite births. A nonwhite decline of 1.3 percent was offset by an increase of 1.6 percent in white immature births.

Births to young mothers under 20 years of age are more likely to be immature. A total of 11.5 percent of births to teenage mothers were immature, numbering 1,372 in 1980. Among nonwhite teenage mothers, the occurrence of births underweight was higher than for all teenage mothers and was more than twice as high as that for all births. Among nonwhite teenage mothers, 15.4 percent, 814 births, were underweight.

The low birth weight rate has been decreasing over the past decade. In 1970, 8.1 percent of all births were underweight. By 1980 that weight group had been reduced to 7.1 percent of all births.

The relationship between birthweight and previous pregnancy terminations was examined for the first time in 1978 and the data showed a positive correlation between previous number of pregnancy terminations and low birthweight for subsequent births. Incidence of low birthweight increased for women who have terminated one or more previous pregnancies. The data for 1980 show the same correlation. Among mothers who had one previous pregnancy termination, the incidence of low birthweight was 0.4 percentage points higher than for mothers who had never terminated a pregnancy. For each additional previous pregnancy termination of the mother, the incidence of low birthweight increased from a low of 1.6 to a high of 6.4 percentage points. For mothers with more than three previous pregnancy terminations the incidence of low birthweight was two and one-half times that of mothers with no previous terminations.

Number of Previous Pregnancy Terminations	Percent of Births Immature (2500 grams)
0	6.9
1	7.3
2	10.0
3	11.6
>3	18.0

There was a positive relationship between birthweight and length of prenatal care history. Low birthweight infants were born less frequently to mothers who began prenatal care in the first trimester of pregnancy. The rate among this group was 6.4 percent of reported births. The percentage of immature births among mothers starting care during the second trimester of pregnancy was 8.5 percent, and among those beginning care in the third trimester, 9.8 percent. Those receiving no prenatal care gave birth to low birthweight infants in over one of five cases-20.6 percent.

Apgar Score

The APGAR Score is a composite measure used to evaluate the newborn infant's general condition. The APGAR Scores are given to newborns at one and five minutes after birth. Heart rate, respiratory effort, color, muscle tone, and reflexes are checked and evaluated. Each factor receives a score of 0, 1, or 2 and the sum of the five values is the overall score. A score of 10 is optimum. Newborns with scores less than 7 are considered distressed and are observed more closely for physical problems during the first days of life. There is a significant relationship between APGAR Score and birthweight, neonatal mortality, and neurological morbidity.

Forty-three percent of all newborns in 1980 received five-minute APGAR Scores of 10. Of total births 93.6 percent were in the 7-10 APGAR Score range. Low APGAR Scores for newborns of nonwhite mothers were a more frequent occurrence than for newborns of white mothers. Among nonwhite births, 2.9 percent had scores less than 7. Only 1.3 percent of white births were in this low score range. When matched with age of mother, low APGAR Score births were at the highest rate for teenage mothers and for mothers aged 45 and over. Among births to mothers aged 19 years and under, 2.3 percent had low APGAR Scores, while 3.2 percent of births to women over 45 years of age were in the low-score range. The percentage of newborns with low scores was 1.6 percent for mothers aged 20-44.

Low APGAR Score births occurred less frequently to mothers who received prenatal care. Of births among women beginning prenatal care during their pregnancies, 1.6 percent were in the 0.6 score range. Among mothers receiving no prenatal care, 4.1 percent of births were low-score.

MATERNAL FACTORS

Age

In 1980, approximately one-third of births, 32,122 were born to women in the 25-29 year age group. Of all births, 28.2 percent, 27,233, were to mothers aged 20-24 years; 12.3 percent, 11,887, were to mothers aged 19 years or less; and 5.9 percent, 5,732, were to mothers 35 years and older.

The past decade has seen a change in childbearing patterns with a shift to more births occurring after age 25. Since 1970, the percentage of births

to women 24 years and under has declined while births to women 25 years and over has increased. In the under-age-25 maternal group, the proportion of total births declined from 47.2 to 40.6 percent. The largest proportional increase has been to women in the 30-34 age group. Births in this maternal age group increased from 14.0 percent of the total in 1970 to 20.2 percent of the total in 1980. Births to women aged 35 years and over decreased over the past decade from 7.6 percent in 1970 to 5.9 percent in 1980. Births to teenage mothers declined slightly during the past ten years, from 12.8 percent of births in 1970 to 12.3 percent of births in 1980.

Race

Of total births, 76.7 percent were reported as occurring to white mothers and 21.7 percent to nonwhite mothers. Since 1972, the total percentage of reported births to nonwhite women has increased 1.5 percentage points from 20.2, while the portion of births to white mothers has declined 3.1 points from 79.8 during the same period.

Prenatal Care History

There were 958,996 visits for prenatal care, approximately 9.9 visits per patient, a slight increase from 9.8 visits per patient in 1979. Of all women, 77.2 percent giving birth in 1980 began care in the first trimester of pregnancy, a 1.5 percentage point increase from the previous year. Only 3.4 percent failed to receive care before the third trimester, a decline of 1.3 percentage points from 1979. Approximately 1.4 percent did not receive any prenatal care.

More white mothers began prenatal care in the first trimester than nonwhite mothers, and fewer white mothers completed their pregnancies without any prenatal care. Of white mothers, 82.9 percent sought first trimester care, while among nonwhite mothers the percentage was 62.3 percent. Only 0.5 percent of white mothers did not receive any prenatal care while 4.8 percent of nonwhite mothers did not receive medical care for the duration of their pregnancies. Care for all age-race groups was lowest for nonwhite teenagers with only 46.3 percent receiving first trimester care.

First trimester care was least for mothers aged 19 years and under. One-half of the mothers in this age group, 5,948, had prenatal care from the first trimester of pregnancy. Of teenage mothers 9.0 percent did not receive prenatal care before the third trimester of pregnancy and 4.4 percent did not receive any prenatal care. Attention to prenatal care increases with maternal age. First trimester care was received by 73.1 percent of the mothers aged 20-24 and 84.8 percent of the mothers aged 25 years and over.

Educational Trends

Educational level was reported on 94.9 percent of birth certificates. Data show that nearly three-fourths, 74.5 percent, of mothers were high school graduates and 17.5 percent were college graduates.